



Program Scholarship Application

GUARDIAN/ADULT INFORMATION

FIRST NAME	LAST NAME	MIDDLE INITIAL	OFFICE USE ONLY	
ADDRESS		CITY	STATE	ZIP
() -		EMAIL		
PHONE NUMBER				
PRIMARY LANGUAGE	<input type="radio"/> ENGLISH <input type="radio"/> SPANISH <input type="radio"/> OTHER _____	STATE _____	ID # _____	<input type="radio"/> DL <input type="radio"/> ID <input type="radio"/> PASS <input type="radio"/> SS

CLASS PARTICIPANT INFORMATION

Please list the participants and their class preferences. Indicate current membership/scholarship status.

NAME (FIRST, LAST)	SEX	AGE	BIRTHDATE	CLASS NAME	CLASS DATE/TIME
#1			__/__/__		
#2			__/__/__		
#3			__/__/__		
#4			__/__/__		
#5			__/__/__		
#6			__/__/__		

Any prior payments made before Award Letter will not be refunded.

TERMS OF SCHOLARSHIP

Please read the terms of program scholarship carefully and initial after each term.

- Completion of application does not guarantee assistance. Scholarships will be awarded on eligibility, timeliness, and available funding.
- The Kroc Center reserves the right to limit or increase the number of program scholarships given on a class-by-class basis.
- Scholarship discounts vary by income basis from 25% to 50% off original class price. Scholarships awarded from: January 1-May 30, June 1-Aug 30, September 1-Dec 31 can be used for **6 classes per person**.
- Most requests will be responded to by letter. If approved, the applicant is incited to return to the Kroc Center to make payment for programs awarded to by scholarship. Due to the popular response of this program, applications denied will not be responded to, but we encourage you to reapply during the next application acceptance period.
- Program Scholarship recipients are expected to financially contribute toward the class fees. After approval, payment must be made prior to the first class.
- Program Scholarship benefits are for Kroc Center classes only.**
- Program Scholarships, if awarded, may only be applied to the class(s) indicated on the class/program enrollment form. There is no guarantee all classes applied for will be granted.
- All awards are confidential and applicants agree to refrain from discussing them with others.
- Please submit all Program Scholarship applications for desired classes at a minimum of 14 days prior to the program's start date. Applications received after this time frame may not be approved and/or accepted.
- Scholarship are awarded at the discretion of the scholarship committee. There are no scholarships awarded for Private Classes, Personal Training, and Music Classes.

APPLICANT INITIALS

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Please sign below as verification of your understanding and acceptance of the Kroc Program Scholarship Agreement.

Signature _____ Date _____

HOUSEHOLD MEMBERS

List all persons living in household starting with primary applicant. Please indicate if members are disabled or under foster care.

NAME (FIRST, LAST)	SEX	AGE	BIRTHDATE	RELATIONSHIP TO APPLICANT	CHECK ONE			YES OR NO	CHECK ONE		CHECK IF APPLIES	
					NEW MEMBER	CURRENT MEMBER WITHOUT SCHOLARSHIP	CURRENT MEMBER WITH SCHOLARSHIP	HAVE YOU BEEN AWARDED A SCHOLARSHIP IN THE PAST?	ADULT 18+	YOUTH 0-17	ADA	FOSTER CARE
PRIMARY			--/--/--									
#1			--/--/--									
#2			--/--/--									
#3			--/--/--									
#4			--/--/--									
#5			--/--/--									
								TOTALS				

If you CURRENTLY have a membership scholarship, we have your income verification paperwork on file and you DO NOT need to resubmit household finance

HOUSEHOLD FINANCES

List all household income per month for ALL PERSONS living with applicant for the past 30 DAYS. Include cash payments for "odd jobs" or "under the table" jobs. Mark sources of Income/Aid. **Attach proof of income for each item listed.**

OFFICE USE ONLY - CHECK IF DOCUMENTATION ATTACHED	1. Gross Salary from Job	\$
	2. Gross Salary from Job	\$
	3. Gross Salary from other's Job	\$
	4. Gross Salary from other's Job	\$
	Unemployment Benefits	\$
	Retirement / Survivor Benefits SSI / SSA	\$
	Disability SSDI / SSI / VA	\$
	Child Support / Alimony	\$
	CAF Foster Care / Proter Care	\$
	Public Assistance TANF / ATP / HUD	\$
	Food Stamps / SNAP	\$
	College Room and Board	\$
Other	\$	
OFFICE USE ONLY - GROSS MONTHLY INCOME		\$

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The following are accepted forms of income verification for the membership scholarship program:

- Front page of most recent Federal 1040 tax return
- Paycheck stubs reflecting the most recent 30 days of income
- Social Security income benefit statement
- Unemployment benefit statement
- Disability income benefit statement
- Public assistance income benefit statement
- Child Support income

The following are NOT acceptable forms of income verification for the scholarship program and will not be considered:

- Bank statements
- Pay check stubs reflecting less than 30 days of income
- Personal Letters

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Signature _____

Date _____